

CLAIMS ONLY								Application Number <span style="font-size: 1.2em;">10/650634</span>		Filing Date.		
								Applicant(s)				
								* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep												
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Total Claims												

**Filing Date.**

**Applicant(s)**

\* May be used for additional claims or amendments

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